## $C/PAR \ \ (\text{Corrective/Preventive Action Request})$



	DEPARTMENT	
Environmental Impact/ Concern:	Date:	
(For additional information, use back and/or attach addition	nal sheets)	
Area/ Location:		
*For feedback on this request, please include the	e following:	
Name:	Section:	
Phone:	e-mail:	
Return to: Your Supervisor or Mail to: EMR at MS 1103A		
EMR Use Only: C/PAR Opened: Yes, Control #	No, Resolution	
City of San Diego ESD, Refuse Disposal Division	EMS Document Control No. RDD-F-EMS-03; Revision 0 Effective Date: October 15, 2001	

## $C/PAR \ \ (\text{Corrective/Preventive Action Request})$

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SERVICES

Environmental Impact/ Concern:	Date:	
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(For additional information, use back and/or attach additional	onal sheets)	
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THE CONTROLL		
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